Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 1 of 60

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Quiana First name M. Middle name Bradley Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	Quiana M. Bradley-Davis	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8875	

Case 18-26474 Doc 1 Filed 09/20/18

Document

Desc Main

Entered 09/20/18 09:51:17 Page 2 of 60 Case number (if known) Debtor 1 Quiana M. Bradley

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		6800 S. Normal Ave. Apt. 308 Chicago, IL 60621			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cook County	County		
		· ·	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Case 18-26474 Doc 1 Filed 09/20/18 Entered

Document

Entered 09/20/18 09:51:17 Page 3 of 60 Desc Main

9/20/18 9:48AM

Debtor 1 Quiana M. Bradley

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known

11. Do you rent your residence?

☐ No.

Go to line 12.

Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Document

Page 4 of 60

Case number (if known) Debtor 1 Quiana M. Bradley

art	3: Report About Any Bu	sinesses `	You Own as a Sole Propri	etor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and location of bu	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, St	ate & ZIP Code		
	it to this petition.		Check the appropriate b	ox to describe your business:		
			☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))		
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))		
			☐ Stockbroker (as)	defined in 11 U.S.C. § 101(53A))		
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))		
			☐ None of the above	ve		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadlines operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of as, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B).			
	For a definition of small	■ No.	I am not filing under Cha	apter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.			
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	A: Report if You Own or	Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention		
	<u> </u>		Tiazardous Froperty of A	Troporty mac recess miniculate Attention		
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is the hazard?			
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code		

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 5 of 60

Debtor 1 Quiana M. Bradley

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

9/20/18 9:48AM

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-26474 Doc 1 Filed 09/20/18

Entered 09/20/18 09:51:17

Desc Main

9/20/18 9:48AM Document Page 6 of 60 Case number (if known) Debtor 1 Quiana M. Bradley Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Quiana M. Bradley Signature of Debtor 2 Quiana M. Bradley Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on September 20, 2018

MM / DD / YYYY

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Page 7 of 60 Document

Debtor 1 Quiana M. Bradley

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David M. Siegel	Date	September 20, 2018
Signature of Attorney for Debtor	_	MM / DD / YYYY
David M. Siegel		
David M. Siegel & Associates Firm name		
790 Chaddick Drive Wheeling, IL 60090		
Number, Street, City, State & ZIP Code		
Contact phone (847) 520-8100	Email address	
#06207611 IL		
Bar number & State		

9/20/18 9:48AM

Page 8 of 60 Document Fill in this information to identify your case: Debtor 1 Quiana M. Bradley First Name Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number

☐ Check if this is an amended filing

Official Form 106Sum

(if known)

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	esats
			of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	25,250.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	25,250.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	18,500.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	23,148.00
	Your total liabilities	\$	41,648.00
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,533.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,533.00
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	Yes What kind of debt do you have?		
-	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debtor 1 Quiana M. Bradley Document Page 9 of 60 Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim	
From Fart 4 on Schedule LA, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Debtor 1 Debtor 2 (Spouse, if filing) United States Bank Case number	Quiana M. Bradley First Name	_	Last Name		
Debtor 2 (Spouse, if filing) United States Banl	First Name		Last Name		
(Spouse, if filing) United States Banl		Middle Name	Last Name		
(Spouse, if filing) United States Banl	First Name				
United States Banl		Middle Name	Last Name		
Case number	kruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS		
					☐ Check if this is an
					amended filing
Official For	m 106A/B				
_	A/B: Prope	artv			12/15
		items. List an asset only once. If	an asset fits in more than o	ne category list the asset in	
think it fits best. Be	as complete and accurate space is needed, attach a	e as possible. If two married peop separate sheet to this form. On t	le are filing together, both a	re equally responsible for su	pplying correct
		Land, or Other Real Estate You O	wn or Have an Interest In		
1. Do you own or ha	ve any legal or equitable i	nterest in any residence, building	g, land, or similar property?		
No. Go to Part 2)				
☐ Yes. Where is t	he property?				
Part 2: Describe Yo	our Vehicles				
□ No ■ Yes					
3.1 Make: F (ord	Who has an interest in t	he property? Check one	Do not deduct secured cla	
Model: Fo	ocus	Debtor 1 only		the amount of any secure Creditors Who Have Clair	
Year: 20)16	Debtor 2 only		Current value of the	Current value of the
Approximate		Debtor 1 and Debtor 2	•	entire property?	portion you own?
Other information Ford Cred		At least one of the deb	otors and another		
	ien \$18,500.00	Check if this is common (see instructions)	nunity property	\$8,300.00	\$8,300.00
	, trailers, motors, persor	Vs and other recreational veholal watercraft, fishing vessels, so watercraft watercraft watercraft fishing vessels, so watercraft, fishing vessels, so watercraft wat	nowmobiles, motorcycle a	y entries for	\$8,300.00

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 11 of 60 Debtor 1 Case number (if known) Quiana M. Bradley Yes. Describe..... \$500.00 **Household Goods & Furniture** 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$500.00 TV & Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Normal Apparel \$700.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe..... 4 Cats \$100.00 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,800.00

Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

for Part 3. Write that number here

Current value of the portion you own? Do not deduct secured

Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Case 18-26474 Page 12 of 60

Case number (if known)

Document

			claims or exemptions.
No	ou have in your wallet, in you	ur home, in a safe deposit box, and on hand when you file your petition	
institution		accounts; certificates of deposit; shares in credit unions, brokerage house; bunts with the same institution, list each.	s, and other similar
□ No ■ Yes		Institution name:	
	17.1. Checking	Chase Bank	\$50.00
	17.2. Savings	Chase Bank	\$0.00
	ds, or publicly traded stock	ks h brokerage firms, money market accounts	
■ No □ Yes	Institution or iss	suer name:	
19. Non-publicly traded joint venture	I stock and interests in inc	corporated and unincorporated businesses, including an interest in a	ո LLC, partnership, and
■ No □ Yes. Give specific	information about them Name of entity:		
Negotiable instrume Non-negotiable instr No	ents include personal checks ruments are those you cannot information about them	negotiable and non-negotiable instruments , cashiers' checks, promissory notes, and money orders. ot transfer to someone by signing or delivering them.	
21. Retirement or pens Examples: Interests □ No		(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
Yes. List each acco	ount separately. Type of account:	Institution name:	
	401(k)	Erisa Qualified	\$4,500.00
	used deposits you have mad	de so that you may continue service or use from a company rent, public utilities (electric, gas, water), telecommunications companies, o	r others
	Rental deposit	Security Deposit	\$600.00
23. Annuities (A contrac	ct for a periodic payment of r	money to you, either for life or for a number of years)	
☐ Yes	Issuer name and description	on.	
26 U.S.C. §§ 530(b)(ation IRA, in an account in 1), 529A(b), and 529(b)(1).	n a qualified ABLE program, or under a qualified state tuition program	
■ No □ Yes	Institution name and descr	iption. Separately file the records of any interests.11 U.S.C. § 521(c):	

Debtor 1

Quiana M. Bradley

page 3

Desc Main Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Page 13 of 60 Case number (if known) Document Debtor 1 Quiana M. Bradley 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No The Yes, Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: \$10,000.00 Whole Life Insurance Quiara Rawls (Niece) 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

Official Form 106A/B Schedule A/B: Property page 4

35. Any financial assets you did not already list

☐ Yes. Give specific information..

■ No

Desc Main Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Page 14 of 60

Case number (if known) Document Debtor 1 Quiana M. Bradley Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$15.150.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00

Part 2: Total vehicles, line 5 \$8,300.00 57. Part 3: Total personal and household items, line 15 \$1,800.00 Part 4: Total financial assets, line 36 58. \$15,150.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$25,250.00 Copy personal property total \$25,250.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$25,250.00

		Documer	it Page 15 of 60	3/20/10 3.40/W
Fill in this informa	ation to identify your	case:		
Debtor 1	Quiana M. Bradle	у		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	cruptcy Court for the:	NORTHERN DISTRICT O	OF ILLINOIS	
Case number				Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.		
2016 Ford Focus Ford Credit	\$8,300.00		\$2,400.00	735 ILCS 5/12-1001(c)
Secured Lien \$18,500.00 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Household Goods & Furniture Line from Schedule A/B: 6.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
Life from Scriedule AVD. V.1			100% of fair market value, up to any applicable statutory limit	
TV & Electronics Line from Schedule A/B: 7.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
Elle Holli Gelledale A/D. 111			100% of fair market value, up to any applicable statutory limit	
Normal Apparel Line from Schedule A/B: 11.1	\$700.00		\$700.00	735 ILCS 5/12-1001(a)
Life from Scriedule AVD. 11.1			100% of fair market value, up to any applicable statutory limit	
4 Cats Line from Schedule A/B: 13.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
Ene non concade AVD. 10.1			100% of fair market value, up to any applicable statutory limit	

Debtor 1	Quiana M. Bradley	Document		Case number (if known)	
	description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	ecking: Chase Bank from Schedule A/B: 17.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
LING	Holli Geriedale PAB. 11.1			100% of fair market value, up to any applicable statutory limit	
	ings: Chase Bank from Schedule A/B: 17.2	\$0.00		\$0.00	735 ILCS 5/12-1001(b)
Line	Hom Schedule A/B. 11.2			100% of fair market value, up to any applicable statutory limit	
	(k): Erisa Qualified from Schedule A/B: 21.1	\$4,500.00		\$4,500.00	735 ILCS 5/12-1006
Line	Hom Schedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit	
	ital deposit: Security Deposit	\$600.00		\$600.00	735 ILCS 5/12-1001(b)
LINE	Holli Geriedale PVB. 22.1			100% of fair market value, up to any applicable statutory limit	
	ole Life Insurance eficiary: Quiara Rawls (Niece)	\$10,000.00		\$10,000.00	215 ILCS 5/238
	from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	you claiming a homestead exemption ject to adjustment on 4/01/19 and every No			led on or after the date of adjustmer	nt.)
	Yes. Did you acquire the property cover	ed by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No	•			
	☐ Yes				

Case 18-26474	Doc 1 Filed 09/20/18 Document	Entered Page 17	d 09/20/18 09:5 of 60	51:17 Desc N	Main 9/20/18 9:48AP
Fill in this information to identify ye					
Debtor 1 Quiana M. Bra	Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for th	e: NORTHERN DISTRICT OF ILL	INOIS			
Case number(if known)					k if this is an nded filing
Official Form 106D Schedule D: Creditor	s Who Have Claims	Secured	I by Property	У	12/15
Be as complete and accurate as possible s needed, copy the Additional Page, fill number (if known).	it out, number the entries, and attach it				
. Do any creditors have claims secured	by your property?				
☐ No. Check this box and submi	t this form to the court with your other	schedules. Yo	ou have nothing else to	report on this form.	
Yes. Fill in all of the information	n below.				
Part 1: List All Secured Claims					
for each claim. If more than one creditor h	more than one secured claim, list the creditor separately s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Ford Motor Credit	Describe the property that secures t	the claim:	\$18,500.00	\$8,300.00	\$10,200.00
Creditor's Name	2016 Ford Focus Ford Credit Secured Lien \$18,500.00				
PO Box 542000 Omaha, NE 68154	As of the date you file, the claim is: apply. Contingent	Check all that			
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
Debtor 1 only	An agreement you made (such as a car loan)	mortgage or sec	ured		
Debtor 2 only	′				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	Non-Purcha	ase Money Securit	у	
Date debt was incurred 03/25/2017	Last 4 digits of account numl	ber			
Add the dollar value of your entries in	Column A on this page. Write that num	ber here:	\$18,50	0.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$18,500.00

Write that number here:

	Cas	se 18-26474	Doc 1 F	Filed 09/20/1	8 Entere	ed 09/20/18 09:51:	17 Des	sc Main	0/18 9:48AM
Fill in	this informa	ation to identify you	ur case:	Document	Paue 1	5 01 00			
Debtor	1	Quiana M. Brad	lev						
		First Name	Middle N	Name	Last Name				
Debtor (Spouse	_	First Name	Middle N	Name	Last Name				
' '									
United	States Bani	cruptcy Court for the	NORTHER	N DISTRICT OF I	LLINOIS				
1	number								
(if known)						_	check if this is a	n
							а	mended filing	
Offici	al Form	106E/F							
Sche	dule E/	F: Creditors	Who Have	Unsecured	d Claims			12/1	5
						Part 2 for creditors with NONF			
Schedul Schedul left. Atta	e G: Executo le D: Creditor ich the Conti	ory Contracts and Une is Who Have Claims S	expired Leases (C secured by Prope	Official Form 106G). erty. If more space is	Do not include s needed, copy t	contracts on Schedule A/B: Prany creditors with partially sethe Part you need, fill it out, not not file that Part. On the to	ecured claims umber the en	that are listed in tries in the boxes	n s on the
Part 1:		of Your PRIORITY	Unsecured Cla	ims					
1. Do	any creditor	s have priority unsecu	ıred claims agair	nst you?					
	No. Go to Pa	t 2.							
	Yes.								
Part 2:	List All	of Your NONPRIOR	RITY Unsecured	d Claims					
3. Do	any creditors	s have nonpriority un	secured claims a	gainst you?					
	No. You have	nothing to report in thi	s part. Submit this	form to the court wit	h your other sche	edules.			
	Yes.								
uns	secured claim, n one creditor	list the creditor separa	tely for each claim	n. For each claim liste	ed, identify what t	holds each claim. If a credito ype of claim it is. Do not list clai three nonpriority unsecured cla	ms already inc	luded in Part 1. If	more
								Total claim	
4.1		Health Care		Last 4 digits of ac	count number	9142		\$	447.00
	Nonpriority (Creditor's Name		When was the del	ht incurred?	02/15/2017			
		eam, IL 60197-42	48	When was the del	ot mountou.	02/13/2017		-	
		eet City State Zlp Code		As of the date you	u file, the claim i	s: Check all that apply			
	_	ed the debt? Check or	ne.						
	Debtor 1	,		☐ Contingent					
	Debtor 2	-		Unliquidated					
		and Debtor 2 only		☐ Disputed	DITY	Latata.			
		one of the debtors and		Type of NONPRIO	RIIY unsecured	i claim:			
	debt	this claim is for a co	mmunity			ration agreement or divorce tha	t you did not		
	No	Canjour to Onser?				g plans, and other similar debts			
	☐ Yes			Other. Specify	Medical	5 a, a a a a a a a a a a a a a a a a a			
				- Outlot, Opeolly				_	

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 19 of 60
Case number (if know)

Ars Account Resolution Norpriority Creditor's Name P.O. Box 3459779 Fort Lauderdale, FL 33345 Number Street City State 2p Code Who Incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Norprotity Creditor's Name PO Box 982238 EI Paso, TX 79998-2235 Number Street City State 2p Code Who Incurred the debt? Check one. Debtor 1 and Debtor 2 only Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Office and the security claims Debtor 1 only Contingent Unliquidated Nonprotity Creditor's Name PO Box 982238 EI Paso, TX 79998-2235 Number Street City State 2p Code Who Incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Contingent Unliquidated Unliquidated Debtor 1 only Debtor 1 and Debtor 5 only Debtor 1 share Po Box 982238 EI Paso, TX 79998-2235 Number Street City State 2p Code Who Incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 share Po, Box 30281 State Late City, UT 84130-0285 Number Street City State 2p Code Who was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? O3/08/2017 As of the date you file, the claim is: Check all that apply When was the debt incurred? O3/08/2017 As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Debtor 1 and Debtor 2 only Debtor 2 anny Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 5 only Debtor 6 and Debtor 6 only Debtor 7 and Debtor 6 only Debtor 6 and Debtor 6 only Debtor 7 and Debtor 7 only Debtor 7 and Debtor 8 only Debtor 8 and Debt	Debto	1 Quiana M. Bradley	Case number (if know)	
P.O. Box 459079 Fort Lauderdale, FL 33345 Number Street City State Zip Code Who incurred the debt'r Check one. Debtor 1 and Pebtor 2 only Contingent Disputed	4.2		Last 4 digits of account number	\$112.00
Fort Lauderdale, FL 33345			7/05/0040	
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated Disputed Debtor 3 and Debtor 2 only Unliquidated Disputed Debtor 3 and Debtor 2 only Unliquidated Disputed Debtor 4 and Debtor 2 only Unliquidated Disputed Debtor 4 and Debtor 2 only Unliquidated Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8			When was the debt incurred? //25/2016	
Who incurred the debt? Check one. Debtor 1 only			As of the date you file, the claim is: Check all that apply	
Debtor 2 only		•	, , , , , , , , , , , , , , , , , , , ,	
Debtor 2 only		■ Debtor 1 only	☐ Contingent	
Debtor 1 and Debtor 2 only		Debtor 2 only		
At least one of the debtors and another Check if this claim is for a community debt Student loans Check if this claim subject to offset? Collections Collectio		_	· · ·	
Check if this claim is for a community debt Student loans Student loans Student loans Check if this claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Student loans Collections Student loans Check iff this claim is for a community debt Student loans Check iff this claim is for a community debt Capital One Nonpriority Creditor's Name Capital One Capital One Capital One Capital One Capital One Capital One Capital Check One. Capital One Capital Check Check Check Check One. Capital One Capital Check Check Check Check One. Capital One Capital Check			•	
debt st he claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to 1 sharing plans, and other similar debts Debts to 1 sharing plans, and other similar debts Debts to 1 sharing plans, and other similar debts Debts to 1 sharing plans, and other similar debts Debts to 1 sharing plans, and other similar debts Debts to 1 sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar			<u></u>	
Is the claim subject to offset? No Other, Specify			Obligations arising out of a separation agreement or divorce that you did not	
A.3 Bank of America Nonpriority Creditor's Name PO Box 982235 Number Street City State Zip Code Who incurred the debt? Check one. Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 because of the debtors and another Student loans Debtor 2 priority Creditor's Name Debtor 1 only Debtor 2 priority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Disputed Salt Lake City, UT 84130-0285 Salt Lake City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Salt Lake City Code Contingent Student loans Salt Lake City Code Salt Lake City Code Contingent Salt Lake City Code Contingent Salt Lake City Code Contingent Conti		Is the claim subject to offset?		
### State Last 4 digits of account number 7509 \$563.00 PO Box 98238 El Paso, TX 79998-2235 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Disputed Di		■ No	Debts to pension or profit-sharing plans, and other similar debts	
Nonpriority Creditor's Name PO Box 982238 EI Paso, TX 79998-2235 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 4 this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Debtor 1 only Student loans Debts to pension or profit-sharing plans, and other similar debts As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Debtor 1 only No Debts to pension or profit-sharing plans, and other similar debts Capital One Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated When was the debt incurred? 06/01/2016 As of the date you file, the claim is: Check all that apply When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply Unliquidated		Yes	■ Other. Specify Collections	
Nonpriority Creditor's Name PO Box 982235 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 on 6 the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Debtor 1 only Contingent Student loans Debts to pension or profit-sharing plans, and other similar debts Capital One Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Unliquidated Venumber Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Unliquidated	4.3	Bank of America	Last 4 digits of account number 7509	\$563.00
El Paso, TX 79998-2235 Number Street City State Zip Code Who incurred the debt? Check one.		Nonpriority Creditor's Name		+
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 one Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply			When was the debt incurred? 06/01/2016	
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 or profit-sharing plans, and other similar debts Debtor 4 digits of account number Capital One Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Contingent Unliquidated Contingent Unliquidated			As of the date you file the claim is: Check all that enably	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 onl			As of the date you me, the claim is. Oneon an that apply	
□ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Other. Specify □ Check if Other. Specify □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify □ Collections □ Other. Specify □ Collections □ Other. Specify □ Collections □ Other. Specify Collections □ Other. Specify Collections □ Other. Specify Collections □ Other. Specify Collections □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Collections □ Other. Specify Co		_	Поли	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Last 4 digits of account number P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Collections Last 4 digits of account number \$265.00 When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply				
At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections		_	<u> </u>	
Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections			'	
debt Is the claim subject to offset? No Other. Specify Capital One Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Cobligations arising out of a separation agreement or divorce that you did not report as priority claims Cobletions Last 4 digits of account number When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply Contingent Unliquidated		At least one of the debtors and another	<u></u>	
Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collections Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Ves Collections Last 4 digits of account number When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply Unliquidated			_	
□ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify Collections □ Other. Specify Collections □ Specify Collections				
4.4 Capital One Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Capital One Last 4 digits of account number When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply Contingent Unliquidated		•	<u> </u>	
4.4 Capital One Some Some Some Some Some Some Some Som		<u> </u>		
Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply Contingent Unliquidated		☐ Yes	Other. Specify Collections	
P.O. Box 30281 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only When was the debt incurred? 03/08/2017 As of the date you file, the claim is: Check all that apply Contingent Unliquidated	4.4		Last 4 digits of account number	\$265.00
Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply Contingent Unliquidated		. ,	When was the debt insurred? 02/09/2017	
Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only As of the date you file, the claim is: Check all that apply Contingent Unliquidated			When was the dept incurred?	
□ Debtor 1 only □ Contingent □ Unliquidated			As of the date you file, the claim is: Check all that apply	
□ Debtor 2 only □ Unliquidated		Who incurred the debt? Check one.		
		■ Debtor 1 only	☐ Contingent	
		Debtor 2 only		
		_		
☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:			- F	
☐ Check if this claim is for a community ☐ Student loans			☐ Student loans	
debt				
Is the claim subject to offset? report as priority claims		Is the claim subject to offset?		
■ No □ Debts to pension or profit-sharing plans, and other similar debts		No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes ☐ Other. Specify Purchases		☐ Yes	Other. Specify Purchases	

 Doc 1
 Filed 09/20/18
 Entered 09/20/18 09:51:17
 Desc Main

 Page 20 of 60
Case number (if know)
 Page 20 of 60
Case number (if know)
 Page 20 of 60
Case number (if know)
 Debtor 1 Quiana M. Bradley

4.5	CareCentrix	Last 4 digits of account number	8593	\$176.00
	Nonpriority Creditor's Name		05/04/0040	
	PO Box 660 East Granby, CT 06026	When was the debt incurred?	05/24/2018	
	Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separa report as priority claims	ation agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other Specify Medical		
4.6	Charter Communications	Last 4 digits of account number	7804	\$656.00
7.0	Nonpriority Creditor's Name		7004	φυσυ.υυ
	1128 Morraine View Dr	When was the debt incurred?	8/19/2013	
	Madison, WI 53719 Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is	. Oneck all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a separa	ation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	☐ Yes	Other. Specify Collections		
4.7	City Colleges of Chicago	Last 4 digits of account number	3786	\$202.00
	Nonpriority Creditor's Name			
	Malcom X College 1900 W Van Buren	When was the debt incurred?	01/06/2017	
	Chicago, IL 60612-3145			
	Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separa	ation agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	■ Other. Specify Collections		

4.8	City of Chicago Depart of Finance	Last 4 digits of account number 0250	\$75.00
	Nonpriority Creditor's Name Collection Unit, City Hall 121 N LaSalle St., Rm 107A	When was the debt incurred?	
	Chicago, IL 60602 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Tickets	
4.9	Comenity Bank/Romans Nonpriority Creditor's Name	Last 4 digits of account number	\$349.00
	PO Box 182789	When was the debt incurred? 10/05/2016	
	Columbus, OH 43218-2789		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	☐ Tes	■ Other. Specify Purchases	
4.1 0	Credit Acceptance	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Attn: Bankruptcy Dept	When was the debt incurred?	
	25505 West 12 Mile Rd Ste 3000 Southfield, MI 48034		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	lacktriangle Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	

Debtor 1 Quiana M. Bradley

Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 22 of 60 Case number (if know) Debtor 1 Quiana M. Bradley

4.1	Credit Acceptance Corporation	Last 4 digits of account number	0839	\$6,597.00
	Nonpriority Creditor's Name 25505 W 12Mile Road	When was the debt incurred?	6/13/2017	
	Suite 3000		_	
	Southfield, MI 48034 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Auto Defici	ency	
4.1	Fair Collections & Outsourcing	Last 4 digits of account number		\$358.00
	Nonpriority Creditor's Name	When was the debt incurred?	40/00/2045	
	12304 Baltimore Ave Suite #E	when was the debt incurred?	10/08/2015	
	Beltsville, MD 20705			
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	i claim:	
	☐ Check if this claim is for a community debt			
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collections		
4.1	First Financial Investment Fund V	Last 4 digits of account number	9369	\$283.00
3	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ200.00
	3091 Governors Lake Dr STE 500 Norcross, GA 30071-1135	When was the debt incurred?	01/25/2017	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	■ Other. Specify Collections		
	_ 100	- Other, Specify		

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 23 of 60 Case number (if know)

Debto	or 1 Quiana M. Bradley	——————————————————————————————————————	Case number (if know)	
4.1	Illinois Collegion Comisso		2422	* 40 7 00
4	Illinois Collection Services Nonpriority Creditor's Name	Last 4 digits of account number	2132	\$427.00
	PO Box 1010	When was the debt incurred?	12/08/2017	
	Tinley Park, IL 60477-9110			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	Пол		
	<u> </u>	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	☐ Student loans	d diami.	
	☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	trailori agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collections	3	
4.1	lefference Comital Systems 11 C		0042	#040.00
5	Jefferson Capital Systems, LLC Nonpriority Creditor's Name	Last 4 digits of account number	9012	\$818.00
	16 McLeland Rd Saint Cloud, MN 56303	When was the debt incurred?	9/11/2014	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	og plans, and other similar debts	
	Yes	·		
	⊔ Yes	Other. Specify Collections		
4.1	Mansards levalon Properties Llc	Last 4 digits of account number	5276	\$358.00
	Nonpriority Creditor's Name 1818 N MANSARD BLVD GRIFFITH	When was the debt incurred?	9/15/2015	
	Griffith, IN 46319 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that anniv	
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Oneck all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	•	
	☐ Yes	Other. Specify Collections	<u> </u>	

Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 24 of 60 Case number (if know) Case 18-26474

1.1 7	Merrick Bank Corp.	Last 4 digits of account number	\$200.00
	Nonpriority Creditor's Name PO Box 9201 Old Bethpage, NY 11804-9001	When was the debt incurred? 2/17/2018	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify Purchases	
.1	Radiology Imaging Consultants, SC	Last 4 digits of account number CORI	\$9.00
	Nonpriority Creditor's Name 75 Remittance Drive	When was the debt incurred? 08/22/2015	
	Dept. 1324 Chicago, IL 60675-1324 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
.1	Southwest Laboratory Physicians, SC	Last 4 digits of account number 2312	\$5.00
	Nonpriority Creditor's Name Dept. 77-9288 Chicago, IL 60678-9288	When was the debt incurred? 05/21/2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical	
		· ·	

Debtor 1 Quiana M. Bradley

St Bernard Hospital	Last 4 digits of account number	0090	\$1,251.00
Nonpriority Creditor's Name 326 West 64th Street	When was the debt incurred?	03/20/2014	
Chicago, IL 60621 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
Check if this claim is for a community	Student loans		
lebt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
□Yes	Other. Specify Medical		
St. Bernard Hospital	Last 4 digits of account number	5625	\$281.00
Nonpriority Creditor's Name 326 W. 64th Street Chicago, IL 60621	When was the debt incurred?	6/20/2016	
lumber Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community lebt	Student loans		
s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐Yes	Other. Specify Collections	· 	
State Collection Service	Last 4 digits of account number		\$277.00
Nonpriority Creditor's Name 2509 S. Stoughton Road	When was the debt incurred?	8/19/2014	,
Madison, WI 53716-3314 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
•	<u> </u>		
No	Debts to pension or profit-sharin	g plans, and other similar debts	

Debtor 1 Quiana M. Bradley

Page 26 of 60 Case number (if know) Document Debtor 1 Quiana M. Bradley

4.2 3	SYNCB/Care Credit	Last 4 digits of account number		\$73.00
	Nonpriority Creditor's Name PO Box 965036	When was the debt incurred?	10/15/2017	
_	Orlando, FL 32896-5036 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separ report as priority claims	ation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other. Specify Purchases		
4.2 4	TD Bank USA/Target Credit	Last 4 digits of account number		\$181.00
	Nonpriority Creditor's Name			
	PO Box 1470	When was the debt incurred?	9/14/2017	
	Minneapolis, MN 55440 Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply	
	Who incurred the debt? Check one.	• ,		
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separ report as priority claims	ation agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other. Specify Purchases		
1.2	The University of Chicago Medicine	Last 4 digits of account number	9766	\$1,500.00
	Nonpriority Creditor's Name 33343 Collection Center Drive	When was the debt incurred?	04/02/2018	
_	Chicago, IL 60693-0333			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separ	ation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other. Specify Medical		

The University of Illinois Chicago	Last 4 digits of account number	5231	\$110.00
Nonpriority Creditor's Name 7720 Solution Center	When was the debt incurred?	04/23/2018	
Chicago, IL 60677 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	• •		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	Other. Specify Medical		
Total Rehab, P.C.	Last 4 digits of account number	3886	\$823.00
Nonpriority Creditor's Name			
PO Box 72180 Roselle, IL 60172	When was the debt incurred?	09/01/2010	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Vho incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Medical		
Universal Radiology, Ltd.	Last 4 digits of account number	030B	\$1,080.00
Nonpriority Creditor's Name	_		
9410 Compubill Drive Orland Park, IL 60462	When was the debt incurred?	02/15/2013	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other. Specify Medical		

Debtor 1 Quiana M. Bradley

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 28 of 60 Debtor 1 Quiana M. Bradley Case number (if know) 4.2 University of chicago Medicine \$1,803.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 33343 Collections Center Dr. When was the debt incurred? Chicago, IL 60693 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.3 University of Illinois at Chicago 5231 \$227.00 Last 4 digits of account number 0 Nonpriority Creditor's Name **Physician Group** When was the debt incurred? 05/31/2015 3293 Paysphere Circle Chicago, IL 60674-3293 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical 4.3 Vision Financial Services 8311 \$937.00 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 1768** When was the debt incurred? 05/21/2015 La Porte, IN 46352-1768 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Nonpriority Creditor's Name
PO Box 1768
La Porte, IN 46352-1768

Number Street City State Zlp Code
Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
Is the claim subject to offset?

No
Pes

When was the debt incurred?

05/21/2015

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

Contingent
Unliquidated
Unliquidated
Type of NONPRIORITY unsecured claim:
Student loans
Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts

Other. Specify
Medical

Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 29 of 60 Case number (if know) Case 18-26474

4.3	Weiss Memorial Hospital	Last 4 digits of account number	6177	\$385.00
	Nonpriority Creditor's Name 4720 Paysphere Circle	When was the debt incurred?	09/02/2014	
	Chicago, IL 60674-0047 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Medical		
4.3	Weiss Memorial Hospital	Last 4 digits of account number	8912	\$2,320.00
	Nonpriority Creditor's Name 4720 Paysphere Circle Chicago, IL 60674-0047	When was the debt incurred?	07/06/2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and any agreement of arrefeed that you are not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Collections	<u> </u>	
is tı	List Others to Be Notified About a Dethis page only if you have others to be notified rying to collect from you for a debt you owe to see more than one creditor for any of the debts the	about your bankruptcy, for a debt that youreneedse, list the original creditor in	Parts 1 or 2, then list the collection agency h	ere. Similarly, if you
noti	ified for any debts in Parts 1 or 2, do not fill out		•	
	Roamans		Part 1: Creditors with Priority Unsecured Claims	S
	Box 182121		Part 2: Creditors with Nonpriority Unsecured Cl	
Colu	ımbus, OH 43218-2121	Last 4 digits of account number	, ,	
	e and Address	On which entry in Part 1 or Part 2 did you	9	
	RE Financial Services 5 E. Imperial HWY 200		Part 1: Creditors with Priority Unsecured Claims	
	a, CA 92821	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured Cl	aims
	e and Address ection Bureau of America	On which entry in Part 1 or Part 2 did you Line 4.6 of (<i>Check one</i>):	l list the original creditor? IPart 1: Creditors with Priority Unsecured Claims	3
2595	54 Eden Landing Road t Floor		Part 2: Creditors with Nonpriority Unsecured Cl	
	ward, CA 94545-3899	Last 4 digits of account number		
	e and Address	On which entry in Part 1 or Part 2 did you	_	
	tinental Services Group Inc. Box 7		Part 1: Creditors with Priority Unsecured Claims	
0	DOAT		Part 2: Creditors with Nonpriority Unsecured Cl	aims

Debtor 1 Quiana M. Bradley

Page 30 of 60 Document Debtor 1 Quiana M. Bradley Case number (if know) 200 Crosskeys Office Park Fairport, NY 14450 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Fair Collections & Outsourcing Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 12304 Baltimore Ave ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite #E Beltsville, MD 20705 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **First National Collection Bureau** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **50 W Liberty Street** ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 250 Reno, NV 89501 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Harris & Harris, Ltd Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 West Jackson Blvd ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 400 Chicago, IL 60604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Jefferson Capital Systems, LLC Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 16 McLeland Rd Part 2: Creditors with Nonpriority Unsecured Claims Saint Cloud, MN 56303 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Phoenix Financial Services LLC** Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 361450 Part 2: Creditors with Nonpriority Unsecured Claims Indianapolis, IN 46236-1450 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 23,148.00

Line 4.9 of (Check one):

Last 4 digits of account number

WFNNB/Roamans

PO Box 182789 Columbus, OH 43218

Bankruptcy Department

Debtor 1 Quiana M. Bradley Document Page 31 of 60 Case number (if know)

Official Form 106 E/F

		DOCUME	<u> </u>		
Fill in this infor	mation to identify your	case:			
Debtor 1	Quiana M. Bradle	ey			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if thi	s is an
				amended fi	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Transforming Housing LLC
6800 S Normal
Chicago, IL 60621

State what the contract or lease is for
Month To Month

	Case 18-20474 L	Docume		09/20/18 09.51.1 <i>/</i>	DESC Main 9/20/18 9:48AN
Fill in this	information to identify your				
Debtor 1	Quiana M. Bradle	у			
D 1 4 6	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case num	ber				
(if known)					Check if this is an amended filing
Officia	l Form 106H			_	
	lule H: Your Cod	ehtors			12/15
<u> </u>	idic II. Todi ood	CDIOIS			12/13
ill it out, a our name	nd number the entries in the and case number (if known)	boxes on the left. Attach . Answer every question.	the Additional Page t	o this page. On the top of	ed, copy the Additional Page, any Additional Pages, write
1. Do	you have any codebtors? (If y	ou are filing a joint case, c	lo not list either spouse	as a codebtor.	
■ No □ Yes	3				
	hin the last 8 years, have you na, California, Idaho, Louisiana,				tes and territories include
■ No	Go to line 3.				
	s. Did your spouse, former spou	ıse, or legal equivalent live	with you at the time?		
in line Form	e 2 again as a codebtor only it	f that person is a guarant	or or cosigner. Make	sure you have listed the cr	th you. List the person shown reditor on Schedule D (Official edule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The credito Check all schedules that	r to whom you owe the debt at apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line ☐ Schedule G, line	
=	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line ☐ Schedule G, line ☐	
-	Number Street			— Octrodule O, little _	

State

City

ZIP Code

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 34 of 60 Poscon Page 34 of 60

Fill	in this information to identify	VOIII Case.						
		a M. Bradley						
	otor 2 ouse, if filing)							
Uni	ted States Bankruptcy Court	for the: NORTHERN DISTRIC	CT OF IL	LINOIS				
	se number nown)	· · · · · · · · · · · · · · · · · · ·	-		□ A			apter
0	fficial Form 106l				N	/IM / DD/ Y	YYYY	
S	chedule I: Your	Income						12/15
	Describe Employ Fill in your employment	form. On the top of any additi	Debto	-	d case n			estion
	information.	iah	_	ployed		□ Empl	2 or non-filing spouse	
	If you have more than one attach a separate page wit information about additional	h Employment status*		t employed		_ `	employed	
	employers.	Occupation	Cust	umer Service Assista	nt			
	Include part-time, seasona self-employed work.	l, or Employer's name	Chica	ago Transit Authority				
	Occupation may include st or homemaker, if it applies			ake St. ago, IL 60661				
		How long employed t	here?	5 years				
				*See Attachment for	Addition	nal Emplo	syment Information	_
Par	Give Details Abo	out Monthly Income						
	mate monthly income as o	f the date you file this form. If d.	you have	nothing to report for any	line, write	\$0 in the	e space. Include your non-fili	ng
	u or your non-filing spouse he space, attach a separate s	nave more than one employer, conheet to this form.	ombine th	ne information for all emp	oyers for	that perso	on on the lines below. If you	need
					For Del	otor 1	For Debtor 2 or non-filing spouse	
	l ist monthly gross wago	e ealary and commissions (b	oforo cli	novroll				

2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	2,330.00	\$	N/A
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$	N/A
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	2,330.00	\$_	N/A

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 35 of 60 Poscon Page 35 of 60

Deb	or 1	Quiana M. Bradley	_	(Case nu	mber (<i>if kr</i>	nown)				
					For D	ebtor 1			Debtor:		
	Сор	y line 4 here	4.		\$	2,330	0.00	\$		N/A	
5.	List	all payroll deductions:									
٠.	5a.	Tax, Medicare, and Social Security deductions	5a	a	\$	46/	1.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$_		N/A	
	5c.	Voluntary contributions for retirement plans	50		\$		3.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	d.	\$		0.00	\$		N/A	_
	5e.	Insurance	5e	€.	\$		3.00	\$		N/A	
	5f.	Domestic support obligations	5f.		\$	(0.00	\$		N/A	<u> </u>
	5g.	Union dues	5 g	J.	\$	52	2.00	\$		N/A	<u> </u>
	5h.	Other deductions. Specify:	5h	1.+	\$	(0.00	+ \$		N/A	<u>\</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	797	7.00	\$		N/A	<u>\</u>
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,533	3.00	\$		N/A	<u>\</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a		\$	(0.00	\$		N/A	
	8b.	Interest and dividends	8b).	\$		0.00	\$		N/A	<u>\</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80		\$		0.00	\$		N/A	_
	8d.	Unemployment compensation	8d		\$		0.00	\$		N/A	
	8e.	Social Security	8e	€.	\$	(0.00	\$		N/A	<u>\</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	(0.00	\$		N/A	
	8g.	Pension or retirement income	8g	J .	\$	(0.00	\$		N/A	<u></u>
	8h.	Other monthly income. Specify: Lyft	8h	1.+	\$	400	0.00	+ \$		N/A	<u></u>
		Illinois Dept Of Human Services			\$	600	0.00	\$		N/A	<u>\</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$	1,000	0.00	\$		N/	Ά
10	Cala	culate monthly income. Add line 7 + line 9.	10.	\$	2 1	533.00	T &		N/A	= \$	2,533.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	۷,۰	333.00	Τ Ψ		IN/A	- Ψ -	2,333.00
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	ır depe					·	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certailes							12.	\$	2,533.00
13.	Doy	you expect an increase or decrease within the year after you file this forn	n?							Combi	ined Ily income
		No. Yes Explain:									

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 36 of 60

Debtor 1 Quiana M. Bradley Case number (if known)

Official Form B 6I Attachment for Additional Employment Information

Dahtar		
Debtor		
Occupation	Driver	
Name of Employer	LYFT	
How long employed		
Address of Employer		
Debtor		
Occupation	Porconal Assistant	

Debtor		
Occupation	Personal Assistant	
Name of Employer	Illinois Department of Human Servci	
How long employed	9 Years	
Address of Employer	PO Box 19502	
	Springfield, IL 62794-9502	

Official Form 106I Schedule I: Your Income page 3

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 37 of 60 Page 37 of 60

Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Quiana M. B	radlev			Ch	eck if this is:	
							An amended filing	
	tor 2							ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bank	ruptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number							
		orm 106J						
		J: Your			- CU ((b b -	41		12/15
info	ormation. If manual moder (if know		eded, atta ry questio	. If two married people ar ich another sheet to this n.				
1.	Is this a joi							
	■ No. Go to		in a senar	ate household?				
	_ 100. D N		u oopu.					
	= 1	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of De	ebtor 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
_	D		_					☐ Yes
3.	expenses d	penses include of people other t d your depende	han $_{\square}$	No Yes				
Par	t 2: Estim	nate Your Ongoi	ng Month	ly Expenses				
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp				
•			_					
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i>)			Your exp	enses
_		_		_				
4.		or home owners nd any rent for th		ses for your residence. In lot.	nclude first mortgage	4.	\$	600.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	•	erty, homeowner's				4b.		0.00
		=	•	upkeep expenses		4c.	·	0.00
	4d. Home	eowner's associat	tion or con	dominium dues		4d.	Ф	0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debto	or 1 Quian a	a M. Bradley	Case num	ber (if known)	
6. l	Utilities:				
-		ity, heat, natural gas	6a.	\$	110.00
6		sewer, garbage collection	6b.	\$	0.00
6	c. Telepho	one, cell phone, Internet, satellite, and cable services	6c.	\$	85.00
6	6d. Other. S	Specify:	6d.	\$	0.00
7. F	Food and hou	usekeeping supplies	7.	\$	525.00
3. (Childcare and	d children's education costs	8.	\$	0.00
		ndry, and dry cleaning	9.	\$	150.00
	-	e products and services	10.		155.00
		dental expenses	11.	\$	85.00
		on. Include gas, maintenance, bus or train fare.		•	
		e car payments.	12.	\$	265.00
3. E	Entertainmen	nt, clubs, recreation, newspapers, magazines, and books	13.	\$	147.00
4. (Charitable co	ontributions and religious donations	14.	\$	0.00
5. I	nsurance.	_			
	Do not include	e insurance deducted from your pay or included in lines 4 or 20.			
1	15a. Life insu	urance	15a.		0.00
1	15b. Health i	nsurance	15b.	\$	0.00
1	15c. Vehicle	insurance	15c.	\$	96.00
1	15d. Other in	nsurance. Specify:	15d.	\$	0.00
6. 1	Taxes. Do not	t include taxes deducted from your pay or included in lines 4 or 20	0.		
9	Specify:		16.	\$	0.00
		r lease payments:			
		ments for Vehicle 1	17a.	\$	315.00
1	17b. Car pay	ments for Vehicle 2	17b.	\$	0.00
1	17c. Other. S	Specify:	17c.	\$	0.00
1	17d. Other. S	Specify:	17d.	\$	0.00
		its of alimony, maintenance, and support that you did not rep		•	0.00
		m your pay on line 5, Schedule I, Your Income (Official Form	106I). 18.	·	0.00
9. (Other payme	nts you make to support others who do not live with you.		\$	0.00
	Specify:		19.		
		operty expenses not included in lines 4 or 5 of this form or o			
		ges on other property	20a.		0.00
	20b. Real es		20b.	·	0.00
		y, homeowner's, or renter's insurance	20c.	· ·	0.00
		nance, repair, and upkeep expenses	20d.		0.00
2	20e. Homeo	wner's association or condominium dues	20e.	·	0.00
1. (Other: Specify	y:	21.	+\$	0.00
2 1	Calculate voi	ur monthly expenses			
	•	s 4 through 21.		\$	2,533.00
		e 22 (monthly expenses for Debtor 2), if any, from Official Form 10	ne I-2	\$	2,333.00
			JUJ-2	· -	
2	zzc. Add line 2	22a and 22b. The result is your monthly expenses.		\$	2,533.00
3. (Calculate you	ur monthly net income.		L	
	-	ne 12 (your combined monthly income) from Schedule I.	23a.	\$	2,533.00
		our monthly expenses from line 22c above.	23b.	*	2,533.00
_		∑ - 1	_32.	·	_,500.00
2	23c. Subtrac	t your monthly expenses from your monthly income.			
_		ult is your monthly net income.	23c.	\$	0.00
		•			
		ct an increase or decrease in your expenses within the year a			
		you expect to finish paying for your car loan within the year or do you exp	ect your mortgage	payment to increase	or decrease because of a
_		he terms of your mortgage?			
	No.				
Г	∏ Yes	Explain here:			

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 39 of 60 Poscon Page 39 of 60

Fill in this inform	mation to identify your	case:			
Debtor 1	Quiana M. Bradle	-			
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					Check if this is an amended filing
Official Forn					
Declarat	ion About a	n Individual	Debtor's So	chedules	12/15
obtaining money years, or both. 1		n connection with a bank			ement, concealing property, or 00, or imprisonment for up to 20
Did you pa	y or agree to pay some	one who is NOT an attorr	ney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes. N	Name of person				kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
that they are	lty of perjury, I declare e true and correct. ana M. Bradley	that I have read the sumr	x	ed with this declaration	
	a M. Bradley re of Debtor 1		Signature o	f Debtor 2	

Date

Date September 20, 2018

ase 18-264/4	DOC T	Filea 09/20/18	Entered 09/20/18 09:51:17	Desc Main	
		Document	Page 40 of 60		9/20/18 9:48AM

_		nation to identify you				
De	ebtor 1	Quiana M. Bradl First Name	Middle Name	Last Name		
	ebtor 2					
(Sp	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
	nse number				_	Check if this is an mended filing
St Be	as complete a	of Financial	ble. If two married people		ankruptcy equally responsible for sup	
	<u> </u>). Answer every ques	stion. Irital Status and Where You	ı Lived Refore		
1.		current marital statu		a Lived Belote		
	☐ Married ■ Not marr	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do n	ot include where you live now	<i>'</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory co, Texas, Washington and V	
Da		ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
4.	Did you have	e any income from en I amount of income yo	nployment or from operatir u received from all jobs and	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Case 18-26474

Page 41 of 60 Case number (if known) Document Debtor 1 Quiana M. Bradley

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apple		Gross income (before deductions and exclusions)
	or last calen anuary 1 to	dar year: December :	31, 2017)	■ Wages, commissions, bonuses, tips	\$31,426.00	☐ Wages, commis bonuses, tips	ssions,	
				☐ Operating a business		☐ Operating a bus	siness	
		dar year bet December :		■ Wages, commissions, bonuses, tips	\$34,067.00	☐ Wages, commis	ssions,	
				☐ Operating a business		☐ Operating a bus	siness	
	and other winnings. List each s	public benef If you are fili	it payments; ng a joint cas he gross inco	er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separat	est; dividends; money collect you received together, list it o	ed from lawsuits; roy nly once under Debto	alties; and or 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incom Describe below.	ne	Gross income (before deductions and exclusions)
Pa	art 3: List	t Certain Pa	vments You	Made Before You Filed for I	,			
6.	Are either □ No.	Neither Deindividual puring the No.	ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cre not include	s debts primarily consumer ebtor 2 has primarily consupersonal, family, or household re you filed for bankruptcy, distributed for the whom you paid editor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years	Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more into the ford domestic support oblights bankruptcy case.	of \$6,425* or more? n one or more payme ations, such as child	ents and tl support a	ne total amount you nd alimony. Also, do
	Yes.			r both have primarily consure you filed for bankruptcy, di		of \$600 or more?		
		■ No.	Go to line 7					
		□ Yes	List below e include pay	each creditor to whom you pai ments for domestic support ol this bankruptcy case.				
	Creditor'	s Name and	I Address	Dates of navme	nt Total amount	Amount you M	Vas this r	navment for

paid

still owe

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main

Page 42 of 60
Case number (if known) Document Debtor 1 Quiana M. Bradley

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. I alimony.	artners; relatives of any ger a control, or owner of 20% o	neral partners; partne or more of their voting	erships of which yo g securities; and a	ou are a genera ny managing a	al partner; corporations gent, including one for
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos No		ments or transfer a	iny property on a	ccount of a de	ebt that benefited an
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pa	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the case	
	Credit Acceptance Corp. vs Quiana Bradley 2018-M6-000839	Judgment	Cook County, I Cook County, I		■ Pending □ On appe □ Conclude	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below. Creditor Name and Address		erty repossessed, f	oreclosed, garnis	shed, attached	I, seized, or levied? Value of the
		Evaloin what hannons				property
	Credit Acceptance	Explain what happened 2010 Chevrolet Cobalt			04/2017	
		■ Property was reposse □ Property was foreclos □ Property was garnish	sed. ed.			
		☐ Property was attache	u, seizeu or ievied.			
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fir	nancial institution	n, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date taker	action was	Amount

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Page 43 of 60 Document Case number (if known) Debtor 1 Quiana M. Bradley 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No ☐ Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Part 7: List Certain Payments or Transfers

Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

п

Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You David M. Siegel & Associates **Attorney Fees** 8/9/2018-9/17/ \$1,120.00 790 Chaddick Drive 18 Wheeling, IL 60090

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

Nο

Yes. Fill in the details.

Person Who Was Paid Description and value of any property Date payment Amount of transferred Address or transfer was payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

ase number (if known)

Debtor 1 Quiana M. Bradley

transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο ☐ Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was property transferred **Address** payments received or debts made paid in exchange Person's relationship to you Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a **beneficiary?** (These are often called asset-protection devices.) Nο П Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. П Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Last balance Date account was account number closed, sold, before closing or Address (Number, Street, City, State and ZIP instrument Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Describe the contents Who else has or had access Do you still have it? Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No

Part 10: Give Details About Environmental Information

Address (Number, Street, City, State and ZIP Code)

Yes. Fill in the details.

For the purpose of Part 10, the following definitions apply:

■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Describe the property

Where is the property?

(Number, Street, City, State and ZIP

Official Form 107

Owner's Name

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Value

9/20/18 9:48AM

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main

Debtor 1 Quiana M. Bradley

Document Page 45 of 60
Case number (if known)

regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Governmental unit Date of notice Environmental law, if you Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name Employer Identification number** Describe the nature of the business Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below.

Part 12: Sign Below

Name

Address

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

Date Issued

(Number, Street, City, State and ZIP Code)

Entered 09/20/18 09:51:17 Desc Main 9/20/18 9:48AM Case 18-26474 Doc 1 Filed 09/20/18 Page 46 of 60 Case number (if known)

Document Debtor 1 Quiana M. Bradley

with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Quiana M. Bradley Signature of Debtor 2 Quiana M. Bradley Signature of Debtor 1 Date Date September 20, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 47 of 60

			3.0	
Fill in this infor	mation to identify your	ase:		
Debtor 1	Quiana M. Bradle	/		
Daktano	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo		n for Indiv	/iduals Filing Under Chapt	er 7 12/15
	lividual filing under chap	. •	Il out this form if:	
you have lease. You must file th	sed personal property a is form with the court w ever is earlier, unless th	nd the lease has r ithin 30 days after	not expired. you file your bankruptcy petition or by the date see time for cause. You must also send copies to t	
	eople are filing together nd date the form.	in a joint case, bo	oth are equally responsible for supplying correct	information. Both debtors must
write y	our name and case nun	nber (if known).	s needed, attach a separate sheet to this form. O	n the top of any additional pages,
-	our Creditors Who Have tors that you listed in Pa		D: Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
information b			What do you intend to do with the property the secures a debt?	
•	Ford Motor Credit		☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.☐ Retain the property and enter into a	■ Yes
Description of			Reaffirmation Agreement.	
property securing debt	Ford Credit Secured Lien \$18,5	00.00	☐ Retain the property and [explain]:	
David O. History	/ I D	Dunamental annua		
For any unexpire in the information	on below. Do not list rea	ise that you listed I estate leases. Ur	in Schedule G: Executory Contracts and Unexpinexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p	he lease period has not yet ended.
Describe your u	unexpired personal prop	erty leases		Will the lease be assumed?
Lessor's name:	Transforming	Housing LLC		□ No
				Yes
Description of le Property:	eased Month To Mon	th		

Part 3: Sign Below

Official Form 108

Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main 9/20/18 9:48AM Document Page 48 of 60 Debtor 1 Quiana M. Bradley Case number (if known) Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. X /s/ Quiana M. Bradley Signature of Debtor 2 Quiana M. Bradley Signature of Debtor 1

Date

Case 18-26474

September 20, 2018

Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Document

Page 51 of 60

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 53 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	e Quiana M. Bra	adley		Case No.	
			Debtor(s)	Chapter	7
	DIS	SCLOSURE OF COMPENS	SATION OF ATTOR	NEY FOR DE	EBTOR(S)
	compensation paid to	C. § 329(a) and Fed. Bankr. P. 2016(b) o me within one year before the filing lf of the debtor(s) in contemplation of	of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	· ·				1,350.00
	Prior to the filir	ng of this statement I have received		\$	1,120.00
	Balance Due			\$	230.00
2.	The source of the co	mpensation paid to me was:			
	Debtor	☐ Other (specify):			
3.	The source of compo	ensation to be paid to me is:			
	Debtor	☐ Other (specify):			
4.	■ I have not agree	d to share the above-disclosed compen	nsation with any other person t	unless they are mem	bers and associates of my law firm.
		share the above-disclosed compensation ement, together with a list of the name			
5.	In return for the abo	ve-disclosed fee, I have agreed to rend	der legal service for all aspects	s of the bankruptcy c	ease, including:
	 b. Preparation and f c. Representation o d. [Other provisions Negotiation agreement 	lebtor's financial situation, and rendering filing of any petition, schedules, statem of the debtor at the meeting of creditors as as needed] ons with secured creditors to reconstant applications as needed; per of liens on household goods.	nent of affairs and plan which s and confirmation hearing, and duce to market value; exe	may be required; d any adjourned hear emption planning;	rings thereof;
6.	Represen	he debtor(s), the above-disclosed fee d tation of the debtors in any disc r any other adversary proceeding	hargeability actions, judic		es (except in Chapter 13
			CERTIFICATION		
	I certify that the fore bankruptcy proceeding	egoing is a complete statement of any ang.	agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
5	September 20, 201	8	/s/ David M. Siege) 	
	Date		David M. Siegel Signature of Attorney David M. Siegel & 790 Chaddick Driv Wheeling JL 6009	Associates ve	

(847) 520-8100 Name of law firm

Chapter 7 Bankruptcy Retainer Agreement

This Agreement acknowledges that the undersigned individuals(s)[Client(s)] hereby retains and employs the Law Firm of David M. Siegel & Associates, LLC [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney Fees, which may be divided into two portions, as follows:

- a) A FLAT FEE as specified in paragraph (i) will be required to complete both portions of bankruptcy representation. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation pursuant to Portion One shall begin upon execution of this Agreement. Once Client has paid at least \$400.00, has authorized an automatic payment plan arrangement and has completed all pre-bankruptcy filing requirements, the case is eligible for filing. Portion One fees include preparation, review, revision if necessary, communication with Client and all other work done prior to case filing. Portion One representation shall conclude immediately once the case is filed.
- c) Representation pursuant to Portion Two shall begin immediately after the case is filed. A separate Post-Petition Retainer Agreement shall be prepared and executed as soon as practicable after the case is filed. Portion Two fees include representation and appearance at the meeting of creditors, 2004 examination, if necessary, communication with the bankruptcy and United States' trustees, communication with creditors, review and completion of reaffirmation agreement(s) and court appearances. Portion Two representation shall conclude upon discharge or case closing. If the Client pays the entire fee before the case is filed, the attorney's representation will continue as stated above with no need for a Post-Petition Retainer Agreement.
- d) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter into an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- e) Additional Fees in Portion Two of the representation may include: \$250.00 for missed 341 meeting; \$100.00 to amend Schedules D, E and F to include creditors who were not originally provided by Client; \$25.00 for any non-sufficient /returned checks; and \$820.00 to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- f) In the event that a Client pays the flat fee in full and later elects to not proceed, the Client is entitled to a refund of the court costs and filing fees only.
- g) **Debts that are discharged**. The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different

Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debt owed when the bankruptcy case was converted.)

h) **Debts that are not discharged**. Some of the common types of debts which are not discharged in a Chapter 7 case are: debts for most taxes; debts that are in the nature of alimony, maintenance or support; debts for student loans, debts for fines, penalties, forfeitures or criminal restitution obligations; debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated; some debts that are not properly listed by the Client; debts that the bankruptcy court specifically determines to be non-dischargeable; and debts for which the Client has given up the discharge protection by signing a reaffirmation agreement.

i) The FLAT FEE for representation will be \$_	1350	•
--	------	---

Client acknowledges that he or she has read this Agreement in its entirety, understands it fully, had had an opportunity to ask questions regarding this Agreement, is satisfied with it, and accepts it in its entirety.

Date: <u>June 15, 20</u> 18	Signed: Quan Gnadle
	Print: Quians Bradly
Date:	Signed:
	Print:
Date: 6/15/18	Signed: Attorney for David M. Siegel & Associates, LLC

Case 18-26474 Doc 1 Filed 09/20/18 Entered 09/20/18 09:51:17 Desc Main Document Page 56 of 60 Page 56 of 60

United States Bankruptcy Court Northern District of Illinois

In re	Quiana M. Bradley		Case No.	
		Debtor(s)	Chapter 7	
	VE	CRIFICATION OF CREDITOR N	MATRIX	
		Number o	f Creditors:	41
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of cred	itors is true and correct to t	the best of my
Date:	September 20, 2018	/s/ Quiana M. Bradley Quiana M. Bradley Signature of Debtor		

Advocate Health Care PO Box 4248 Carol Stream, IL 60197-4248

Ars Account Resolution P.O. Box 459079 Fort Lauderdale, FL 33345

Bank of America PO Box 982238 El Paso, TX 79998-2235

Capital One P.O. Box 30281 Salt Lake City, UT 84130-0285

CareCentrix PO Box 660 East Granby, CT 06026

CB/Roamans PO Box 182121 Columbus, OH 43218-2121

Charter Communications 1128 Morraine View Dr Madison, WI 53719

City Colleges of Chicago Malcom X College 1900 W Van Buren Chicago, IL 60612-3145

City of Chicago Depart of Finance Collection Unit, City Hall 121 N LaSalle St., Rm 107A Chicago, IL 60602

CMRE Financial Services 3075 E. Imperial HWY 200 Brea, CA 92821

Collection Bureau of America 25954 Eden Landing Road First Floor Hayward, CA 94545-3899

Comenity Bank/Romans PO Box 182789 Columbus, OH 43218-2789

Continental Services Group Inc. P. O Box 7 200 Crosskeys Office Park Fairport, NY 14450

Credit Acceptance Attn: Bankruptcy Dept 25505 West 12 Mile Rd Ste 3000 Southfield, MI 48034

Credit Acceptance Corporation 25505 W 12Mile Road Suite 3000 Southfield, MI 48034

Fair Collections & Outsourcing 12304 Baltimore Ave Suite #E Beltsville, MD 20705

First Financial Investment Fund V 3091 Governors Lake Dr STE 500 Norcross, GA 30071-1135

First National Collection Bureau 50 W Liberty Street Suite 250 Reno, NV 89501

Ford Motor Credit PO Box 542000 Omaha, NE 68154

Harris & Harris, Ltd 111 West Jackson Blvd Suite 400 Chicago, IL 60604 Illinois Collection Services PO Box 1010 Tinley Park, IL 60477-9110

Jefferson Capital Systems, LLC 16 McLeland Rd Saint Cloud, MN 56303

Mansards levalon Properties Llc 1818 N MANSARD BLVD GRIFFITH Griffith, IN 46319

Merrick Bank Corp.
PO Box 9201
Old Bethpage, NY 11804-9001

Phoenix Financial Services LLC PO Box 361450 Indianapolis, IN 46236-1450

Radiology Imaging Consultants, SC 75 Remittance Drive Dept. 1324 Chicago, IL 60675-1324

Southwest Laboratory Physicians, SC Dept. 77-9288 Chicago, IL 60678-9288

St Bernard Hospital 326 West 64th Street Chicago, IL 60621

St. Bernard Hospital 326 W. 64th Street Chicago, IL 60621

State Collection Service 2509 S. Stoughton Road Madison, WI 53716-3314

SYNCB/Care Credit PO Box 965036 Orlando, FL 32896-5036 TD Bank USA/Target Credit PO Box 1470 Minneapolis, MN 55440

The University of Chicago Medicine 33343 Collection Center Drive Chicago, IL 60693-0333

The University of Illinois Chicago 7720 Solution Center Chicago, IL 60677

Total Rehab, P.C. PO Box 72180 Roselle, IL 60172

Universal Radiology, Ltd. 9410 Compubill Drive Orland Park, IL 60462

University of chicago Medicine 33343 Collections Center Dr. Chicago, IL 60693

University of Illinois at Chicago Physician Group 3293 Paysphere Circle Chicago, IL 60674-3293

Vision Financial Services PO Box 1768 La Porte, IN 46352-1768

Weiss Memorial Hospital 4720 Paysphere Circle Chicago, IL 60674-0047

WFNNB/Roamans
Bankruptcy Department
PO Box 182789
Columbus, OH 43218